

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on 12 April 2007
Jeanne Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeanne Camara
(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. OR99-17401

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)

Vipin Samar)

Serial No. 09/539,266)

Filing Date: 30 March 2000)

For: METHOD AND APPARATUS FOR)
SHARING A SECURE CONNECTION)
BETWEEN A CLIENT AND MULTIPLE)
SERVER NODES)

Examiner: England, David E.

Group Art Unit: 2143

AMENDMENT TRANSMITTAL LETTER

M/S: AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 8 February 2007 and the advisory action of 4 April 2007.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$____ is enclosed.
[] Charge \$____ to Deposit Account No. ____ (Docket No. ____).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR99-17401)

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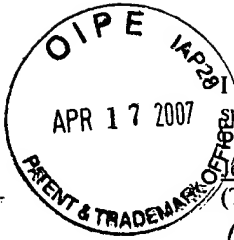
Respectfully submitted,

By



Shun Yao
Registration No. 59,242

Date: 12 April 2007



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Jeannie Camara

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Jeannie Camara

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Application Number : 09/539,266
Applicant : Vipin Samar
Filed : 30 March 2000
TC/A.U. : 2143
Examiner : England, David E.

Confirmation Number: 8991

Docket Number : OR99-17401
Customer No. : 51,067

Commissioner for Patents
M/S AF
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the office action of **8 February 2007** and the advisory action of **4 April 2007**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.